

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 17 5 3 3

STATE FILE NUMBER

FILED JUN 3 1957

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN RURAL JACKSON CO		c. CITY OR TOWN HICKMAN MILLS RURAL JACKSON CO	
c. FULL NAME OF (If NOT in hospital, give location) RUSKIN HEIGHTS		d. STREET ADDRESS 10912-BRISTOL	
3. NAME OF DECEASED (Type or print) CHARLES L Johnston		4. DATE OF DEATH 5-20-57	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-23-1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOCKLEY PAY		10b. KIND OF BUSINESS OR INDUSTRY RICHARD GANER AIR BASE	
11. BIRTHPLACE (City and state or country) FORT SCOTT KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CHAS F JOHNSON		14. MOTHER'S MAIDEN NAME FANNIE PRYOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 514 09 7339	
17. INFORMANT JEANNE ANN JOHNSON		Address 10912-BRISTOL	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Nervousness resulting from crushing injury of chest, skull & hip DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9340 22			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 7 amoclo victim		
20c. TIME OF INJURY 7:45 p.m. 5-20-57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. CITY, TOWN, OR LOCATION JACKSON	COUNTY JACKSON STATE MISSOURI		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Charles L. Johnston	22b. ADDRESS 6017 Brookfield Lane		22c. DATE SIGNED 5-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-24-57	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) K.C. MO (State)
24. FUNERAL DIRECTOR JOAN P SHEIL K.C. MO	25. DATE RECD. BY LOCAL REG. 5/22/57		26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embolmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No.

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.